

USGA GHIN HANDICAP SERVICE

Valid November 1, 2012 - October 31, 2013

NAME: PHONE NO: e-mail:		DATE:		
		COUNTY or STATE CARD NO:		
		GHIN NO:		
				olf course that
		Phone No:		
Index:				
er been established	, please list the mo	ost recent scores (ma	aximum 20) as requested below:	
SCORE	RATING	SLOPE	COURSE NAME	
		Γ		
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ctober 31, 2013 \$25.00	May 1, 2013 – Octobe REGULAR GHIN FEE	r 31, 2013 \$18.75 E	IVED PAYMENT: :NTERED DATA:	
	Index: er been established SCORE FEE \$20.00 ctober 31, 2013	Index: SCORE RATING FEE \$20.00 ctober 31, 2013 FEE \$20.00 ctober 31, 2013 CARD HOLDER GHIN FEE REGULAR GHIN FEE	COUNTY or S GHIN NO: LOCAL NO: solf course that has your Handicap (if available) Phone No: re been established, please list the most recent scores (mass SCORE RATING SLOPE SCORE RATING SLOPE FEE \$20.00	